ARIZONA DEPARTMENT OF GAMING

202 East Earll Drive, Suite 200 Phoenix, Arizona 85012 (602) 604-1801

FOR OFFICIAL USE ONLY
PCA#
Cert. Date
Exp. Date

RENEWAL APPLICATION FOR STATE

CERTIFICATION

		(Type or print i	n ink)			
Company Name		Position in Company		Date		
Name (Last, First, Midd	ile)		Social Security No./National ID No.			
Business Mailing Address	SS			E-mai	ll Address	
Applicant's Residence A	Address					
Home Phone No.	Cellular-phone No.	Business Phone No.	Business Fax No.	Driver's License No. and	State	
Sex	Height	Weight	Color Eyes	Color Hair	Date of Birth (mo/day/yr)	
Under the Federal Pr collect the number. In 405(c)(2)(c), and Secti custodial parents or th 1. Since you last file testimony, charge MINOR traffic vi 2. Since you last file with group which 3. Since you last file	rivacy Act, disclosure of this instance, disclosure on this instance, disclosure ons 653, 654, and 666; a e assets of non-custodial ed an application with ed, indicted or summiolations), regardless of the dan application with the has been issued a garded an application with the day in	social security numbers is of your social security numbers is of your social security numbers. the Department of Gaoned to answer for an fithe disposition of the the Department of Garning license in or outsign the Departm	rocess. s voluntary unless a statumber is mandatory pur order to aid the Departruming, have you been by criminal offense of event, dismissal, expuning, have you ever be de of the State of Ariz	arrested, detained, grar violation for any real angement, or restoration ———————————————————————————————————	States Code, Sections y in locating non- unted immunity in lieu of son whatsoever (except n of civil rights? ES NO license or been affiliated Some NO gaming license denied,	
FALSE OR INCOMP. REVOCATION, OF A	LETE ANSWERS CO A STATE CERTIFICA	OULD RESULT IN CITION.	RIMINAL PROSECU	TION AND THE DEN	IAL, OR SUBSEQUENT	
State of	Co	unty of				
I,am the applicant and t	that the contents and a	, ill statements contained	hereby depose, swead in the foregoing app	ur, and declare, under partication are true, correc	penalty of perjury, that let, and complete.	
				Applicant's Signature		
Si	ubscribed and sworn (or	affirmed) to me in my pro	esence this day	of	, 20	
My commission expires	on					
_				Notary Public		

If you answered 'Yes' texample, provide dates, confinement, etc.)] Use	city, state, nature of	offense or violatio		

FOR OFFICE USE ONLY						
Exam Technician	Investigator	Agency				
Date Received:	Temp. Approval:	Approved:				
Temp. Mailed:	Date:	Denied:				